

EXHIBIT B-1

Proof of Claim Number: **179340**

Claimant: **Martinez Rivera, Angel Luis**

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INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Act 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of an initial pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or by **mail or hand delivery** to the following address:

<u>By Mail</u>	<u>Hand Delivery or Overnight Mail Service</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☒ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

69,000.00

Batch 19



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3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

☐ No. Please continue to Question 4.

☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Puerto Rico Department of Education

3(b). Identify the dates of your employment related to your claim:

From January 18, 1994 to present

3(c). Last four digits of your social security number: 8993

3(d). What is the nature of your employment claims (select all that apply):

☐ Retirement

☒ Unpaid Wages

☐ Sick Days

☐ Union Grievance

☐ Vacation

☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. Legal Action. Does your claim relate to a pending or closed legal action?

☐ No.

☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Puerto Rico Department of Education

4(b). Identify the name and address of the court or agency where the action is pending:

Commonwealth of Puerto Rico Supplemental Information Processing Center

4(c). Case number: Case No. 17 BK03283 (179340)

4(d). Title, Caption, or Name of Case:

PROMESA Act

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4(e). Status of the case (pending, on appeal, or concluded):

Pending on appeal

4(f). Do you have an unpaid judgment? Yes / ☒ No (Circle one)

If yes, what is the date and amount of the judgment?

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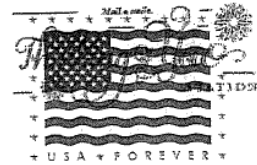
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MEMPHIS TN 380
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TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 179340**

Signed this 20th day of December 2021



Verify at www.atanet.org/verify

A handwritten signature in blue ink, appearing to read "Andreea I. Boscor".

Andreea I. Boscor

